REFUSAL OF IMMUNIZATION
For Medical Reasons

As the physician of:

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<tr>
<th>Child’s Last Name</th>
<th>First Name</th>
<th>Age</th>
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<tr>
<th>Birth Date (mm/dd/yyyy)</th>
<th>School</th>
<th>Grade</th>
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I have elected to not immunize this student against the following disease(s):

- Each disease for which a vaccine has not been administered must be checked. Parent / guardian must submit dates of immunization for all other diseases.

- Diphtheria
- Tetanus
- Pertussis
- Polio
- Measles (Rubeola)
- Mumps
- Rubella (German Measles)
- Hepatitis B
- Varicella
- Pneumococcal Conjugate
- HIB (Haemophilus Influenzae Type b)

In my opinion, this immunization would be injurious to the health and well-being of:

- The student
- A member of the student’s household or family

Comments:__________________________________________

____________________________________________________

Signature of Physician                Date